

## SRF - DISBURSEMENT REQUEST INFORMATION

1. Community: CITY OF WEST LAFAYETTE 1a. SRF Loan Number: CS 18240001  
2. Mailing Address: 609 W. Navajo Street 2a. Request No.: ONE HUNDRED THREE  
West Lafayette, IN 47906  
3. Contact Person: Judith C. Rhodes 3a. Contact Phone No.: (765) 775-5150  
4. Community's Authorized Representative: MAYOR JOHN R. DENNIS OR CLERK-TREASURER JUDITH RHODES  
5. Authorized Representative's Phone No.: (765) 775-5100  
6. Description of work for which claim is being made (service, fees, type of, etc.):  
Western Sanitary Sewer Interceptor-Construction Engineering Services Division III

<u>7. Contractor</u>	<u>7a. Address</u>	<u>Amount Requested</u>
GREELEY AND HANSEN	LOCKBOX 619776 P.O. BOX 6197 CHICAGO, IL 60680-6197	\$ <u>6,510.00</u>
9. Original Loan Amount: .....		\$ <u>12,380,000.00</u>
10. Total Amount of Previous Disbursements .....		\$ <u>9,908,918.00</u>
11. Amount of this Request.....		\$ <u>6,510.00</u> <small>(Amount to Contractor plus retainage)</small>
12. Balance Available after this Disbursement.....		\$ <u>2,464,572.00</u>
13. Is a portion of the claim underlying this Request subject to retainage under I.C.36-1-12-14 or similar law? YES _____ NO <u>X</u>		
14. If yes, the retainage amount is .....		\$ <u>0.00</u>
<small>(This amount will be sent to the retainage account set forth below and the remainder will be sent directly to the contractor identified above.)</small>		

Name of Bank: \_\_\_\_\_

Retainage Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

15. Has the Qualified Entity paid the request and is now seeking reimbursement? YES \_\_\_\_\_ NO X

16. Is any part of this claim a result of a change order? YES \_\_\_\_\_ NO X

17. Is this the final payment to the contractor? YES \_\_\_\_\_ NO X

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is legally due (and is payable from SRF) in accordance with the Community's Financial Assistance Agreement with the State.

18. DATE: \_\_\_\_\_

18a. \_\_\_\_\_

AUTHORIZED REPRESENTATIVE SIGNATURE

Mayor John R. Dennis

\_\_\_\_\_  
Judith C. Rhodes, Clerk-Treasurer



**GREELEY AND HANSEN**

100 S. Wacker Drive, Suite 1400  
Chicago, Illinois 60606  
p 312 558 9000  
f 312 558 1986  
[www.greeley-hansen.com](http://www.greeley-hansen.com)

February 18, 2010

Mr. David Henderson  
Utility Director  
City of West Lafayette  
Wastewater Treatment Utility  
500 South River Road  
West Lafayette, IN 47906

Subject: Western Sanitary Sewer Interceptor Division III – Construction Services  
Invoice No. 306352

Dear David:

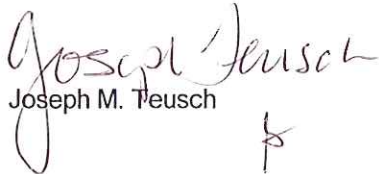
The enclosed invoice is for services related to the Western Sanitary Sewer Interceptor–Division III in accordance with the agreement dated January 3, 2007, Amendment 1 dated March 18, 2008 and Amendment 2 dated March 24, 2009. Invoice No. 306352 covers construction administration services including preparation of record drawings through February 12, 2010.

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen

  
Joseph M. Teusch

JMT/img

# INVOICE

For customer service, call 312 578 2375.



**GREELEY AND HANSEN**

P.O. Box 6197  
Chicago, Illinois 60680-6197  
p 312 558 9000  
[www.greeley-hansen.com](http://www.greeley-hansen.com)

Invoice Number: INV-0000306352

Invoice Date: 02/18/10

Description: FOR CONSTRUCTION SERVICES FOR THE WESTERN SANITARY SEWER INTERCEPTOR-DIVISION II IN ACCORDANCE WITH THE AGREEMENT DATED JANUARY 3, 2007 AND AMENDMENT 1 DATED MARCH 18, 2008.

To:  
MR. DAVID HENDERSON  
CITY OF WEST LAFAYETTE  
500 SOUTH RIVER ROAD  
WEST LAFAYETTE, IN 47906

Remit To:  
GREELEY AND HANSEN  
LOCKBOX 619776  
P.O. BOX 6197  
CHICAGO, IL 60680-6197

Customer Number: 0791  
Project Number: 07919.01  
Project Name: WESTERN SANITARY  
SWR INT CONST  
SERVICES  
Terms: NET 30  
Due Date: 03/20/2010

Contract Value  
Cost: 913,600.00  
Cumulative Amount Billed: 796,921.43

Services: 01/09/10  
Through: 02/12/10

	<u>Current Amount</u>	<u>Cumulative Amount</u>
Direct Labor	2,034.45	259,203.15
Salary Multiplier - 3.20 Office	2,870.22	265,654.70
Salary Multiplier - 3.20 Field	1,605.58	258,334.40
Total Labor	<u>6,510.24</u>	<u>783,192.23</u>

Subconsultants	0.00	8,329.05
Travel	0.00	5,400.15
Printing	0.00	0.00
Miscellaneous	0.00	0.00
Invoice Total	<u>6,510.24</u>	<u>796,921.43</u>

Current Incurred Hours:

71.25

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Invoice Number:	INV-0000306352	Project Number:	7919.01	Project Name:	Western San Swr Int Construction Services	Invoice Date:	02/18/10
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## Direct Labor Supporting Schedule

Group Description:	Total Labor
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Labor Cat Descr.	Employee/ Vendor	Rate	Current Hours	Rate	Current Amount	Salary Multiplier	Total
CIVIL SANITARY ASSOCIATE	TOMMY SHORT	Field Rate	13.50	54.06	729.81	3.200	2,335.39
CIVIL SANITARY ASSOCIATE	JOSEPH TEUSCH	Office Rate	2.50	46.14	115.35	3.200	369.12
CIVIL SANITARY DRAFTER	MATTHEW RODENBECK	Office Rate	3.50	25.66	89.81	3.200	287.39
CIVIL SANITARY DRAFTER	ROBERTO MORENO	Office Rate	47.00	19.30	907.10	3.200	2,902.72
CIVIL SANITARY DESIGNER	DONALD THOMPSON	Office Rate	4.75	40.50	192.38	3.200	615.62
Total Labor			71.25		2,034.45		6,510.24

Direct Labor	2,034.45
Office Indirect	2,870.22
Field Indirect	1,605.58
	6,510.24